

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8-4-03.

### I. DISPUTE

Whether there should be reimbursement for office visit 99212.

### II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-15-03	99212	\$55.00	\$0.00	N	\$32.00	Rule 133.307(g)(3)(B)	The requestor failed to submit medical records to support fee dispute and challenge insurance carrier's position per Rule 133.307(g)(3)(B). Therefore, reimbursement is not recommended.

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code 99212. this Order.

The above Findings and Decision are hereby issued this 02nd day of April 2004.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division